

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03142 (9)**

1. Corporation Name

**ZEPHYRHILLS ITALIAN-AMERICAN CLUB, INC.**



**600001848376**

-06/03/96--01056--034

\*\*\*\$1.25

Principal Place of Business

**4900 5TH ST  
P.O. BOX 111  
ZEPHYRHILLS FL 33539**

Mailing Address

**4900 5TH ST  
P.O. BOX 111  
ZEPHYRHILLS FL 33539**

3. Date Incorporated or Qualified

**05/17/1984**

3a. Date of Last Report

**02/08/1995**

4. FEI Number

**59-2408701**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOOMAJIAN, KIRK  
4900-5TH ST.  
ZEPHYRHILLS FL 33541**

81 Name

**YEBBA, SIMONE**

82 Street Address (P.O. Box Number is Not Acceptable)

**5237 5th ST.**

83

84 City

**ZEPHYRHILLS,**

**FL**

85 Zip Code

**33541**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Simone Yebba*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**5-1-196**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TOOMAJIAN, KIRK	
STREET ADDRESS	4900 - 5TH ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	CBD	<input checked="" type="checkbox"/> DELETE
NAME	EARL, TINA	
STREET ADDRESS	33413 BRISK DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURGESS, KEN	
STREET ADDRESS	33421 TAMMY LN	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERRY, ROBERT	
STREET ADDRESS	37632 BERMUDA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PERRY, BONNIE	
STREET ADDRESS	37632 BERMUDA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CIRUALO, LOUIS	
STREET ADDRESS	35235 DODIE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YEBBA, SIMONE	
1.3 STREET ADDRESS	5237 5th ST.	
1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL.	
2.1 TITLE	CBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERRARO, ANYHONY	
2.3 STREET ADDRESS	37525 BERMUDA DR.	
2.4 CITY-ST-ZIP	ZEPHYRHILLS, FL.	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BURGESS, KENNETH	
3.3 STREET ADDRESS	33421 TAMMY LN.	
3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL.	
4.1 TITLE	V.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PERRY, ROBERT	
4.3 STREET ADDRESS	37632 BERMUDA DR.	
4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL.	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PERRY, BONNE	
5.3 STREET ADDRESS	37632 BERMUDA DR.	
5.4 CITY-ST-ZIP	ZEPHYRHILLS, FL.	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CROCCO, JOHN	
6.3 STREET ADDRESS	5110 CARROTWOOD DR.	
6.4 CITY-ST-ZIP	ZEPHYRHILLS, FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Simone Yebba*

**SIMONE YEBBA**

**3-21-96**

**813 788 4875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)